NOTES	

RESOURCES A TO Z

RESOURCES A TO Z was designed to add detailed information to the previous sections on long-term care options in Virginia and as a directory to information sources you may need for such things as applications, other publications and local assistance. **RESOURCES A TO Z** is arranged alphabetically to allow you to use it much as you would a dictionary or encyclopedia. An index to all of the primary topics in both the text and resource sections is included at the end of the book. With the index are special lists of associations, organizations and the Action Checklists included throughout the book. The Action Checklists were designed to help you gather and organize special information you may need to make quality care decisions.

STATE AND FEDERAL LISTINGS — Virginia departments and administrative entities are listed together under **Virginia**, **State of.** Federal listings — such as Social Security — are grouped together under **United States Government.** Some state and federal listings are also cross referenced. **Exception: Because of their importance in long-term care, Medicare and Medicaid are listed separately under M.**

KEY TO SYMBOLS: ❖ ► ☎ ↔ ✓

- This symbol denotes major subjects.
- Tells you to see RESOURCES A to Z for additional related information to expand your knowledge on a subject. It is also used to indicate a cross reference.
- The phone has been used in those listings in which calling first is emphasized OR when the preferred contact method is by phone OR when a toll-free phone number is available.
- is used to help those who wish to work through some of the language in the Code of Virginia to find important single elements of the law that pertain to some of the more routine long-term care considerations such as having medical records transferred, patient rights or privacy matters.
- ✓ Indicates an action checklist has been provided for your use.

❖ ABUSE, ELDER AND/OR DISABLED

▶ SEE LEGAL ASSISTANCE VIRGINIA, STATE OF SOCIAL SERVICES, DEPARTMENT OF ADULT PROTECTIVE SERVICES

❖ ACTIVITIES OF DAILY LIVING (ADLS)

SEE LONG TERM CARE INSURANCE WHEN IT COVERS YOU

ACTIVITY HELPERS — Those recovering from an illness or injury, the elderly and disabled often need "helpers" to accomplish routine activities on their own. Many of these activities can be facilitated with homemade devices, inexpensive-to-purchase specialty items (see vendor listing that follows checklist) or by replacing one material with another for safety — for example plastic instead of glass. Using some of these devices and options may increase the person's independence and self confidence and can ultimately add to their safety if living alone.

✓ CHECKLIST OF HELPERS

☐ Pizza roller cutter instead of knife

comfortable grasp

• CHECKEIST OF HELLERS
☐ Choose devices that meet the good 4C's Rule:
Conspicuous — ones that almost look like the regular counterpart Complicated — only a few moving parts Cumbersome — ones that are easy, light weight Cosmetically unappealing — If only a few dollars is the difference in an unattractive device and an attractive one, spend the money if you can.
EATING: Rocker Knife, Fork and/or Spoon

☐ Wrap silverware handles with padding and tape fitted to

	Velcro tape to help hold utensils to a weakened hand Bowl with Handles Divided Dinner Plates with high rims
FO	OD: Buy easy-open packages of prepared foods Eliminate foods that require extensive cutting, chopping or mixing
	Rubber mats to prevent slipping A board with spikes to hold meats while cutting Sponges Electric Can Opener Blender Rubber jar Openers
	che following as much as possible instead of a standard oven: Crock-Pots to slow cook food Coffee makers with thermal plastic containers (not glass) Microwave oven Electric Skillet Toaster Oven
00000000	Shoes w/velcro closure Reaching, grasping aids Cheval mirror (free-standing on the floor) Comb, brush with wrapped handles Stabilized cooking and work tables at height appropriate to disabled (wheelchair-accessible, low)
NO	TE: This list was compiled from information presented in the

NOTE: This list was compiled from information presented in the American Geriatric Society's COMPLETE GUIDE TO AGING & HEALTH, Mark E. Williams, M.D. The book is recommended reading by the Virginia Department for the Aging.

❖ ADMINISTRATION ON AGING (AOA)

▶ SEE UNITED STATES GOVERNMENT

ADULT DAY CARE CENTERS

TO LOCATE

- SEE VHI LONG-TERM CARE PROVIDER DIRECTORY ALSO SEE VIRGINIA, CODE OF
 - ♣ ADULT DAY CARE CENTER DEFINED
 - ▶ PARTICIPANT RIGHTS

AMBULATORY REQUIREMENTS

For adult day care program purposes, ambulatory means that participants must be able to leave the center (or other buildings that might be visited) in an emergency without the assistance of another person or device. They must be able to accomplish this both mentally and physically. Facilities with ramped entrances at ground level and doors sufficient for wheelchair operation may be licensed to accept non-ambulatory or physically handicapped participants. A facility's certificate of occupancy provided by the Department of Housing and Community Development will identify what accessibility codes have been met.

PARTICIPANTS' RIGHTS AND RESPONSIBILITIES

Adult Day Care facilities are responsible for making sure that their participants are

- given encouragement and support in maintaining their independence
- encouraged to take an active role in planning for their care
- granted dignity and treated with courtesy and respect
- granted full respect for their personal privacy
- protected from abuse and exploitation and never punished, coerced or threatened in any way and
- protected from solicitation, harassment and unwanted visitors

STATE REGULATIONS SUMMARIZED

All centers are required

 to keep staff with current certifications in first aid and cardiovascular pulmonary resuscitation (CPR) on premises during open hours

- to maintain liability insurance at levels prescribed by the Department of Social Services
- to perform police and criminal record checks on all employees (NOTE: known offenders in the areas of abuse, neglect or exploitation cannot be employed in a licensed adult day care center)
- to perform health tests and checks on all employees
- to have a sufficient number of qualified staff present to meet not only nutritional needs but health supervision, maintenance and personal care needs as well and
- to exercise adult day care patient's rights standards as stipulated in the Code of Virginia.

FOR MORE INFORMATION

SEE VIRGINIA, STATE OF: AGING, DEPARTMENT FOR THE AGING, AREA AGENCIES ON (AAAs) SOCIAL SERVICES, DEPARTMENT OF

THE NATIONAL COUNCIL ON THE AGING NATIONAL ADULT DAY SERVICES ASSOCIATION (NADSA)

On the web: www.ncoa.org/nadsa

Promotes adult day care services as a viable community-based option for disabled older persons; collects and distributes information on adult day care services. Acts as advocate for the provision of adult day services for low-income persons.

THE NATIONAL COUNCIL ON THE AGING

409 3rd Street, SW, Suite 200 Washington, D.C. 20024 Phone: 1 (202) 479-1200

ADULT DAY CARE SERVICES/FACILITIES CHECKLIST

Note: Not all items in the following checklist are required by regulations or standards.

IS	IS IT SAFE, CARING?				
	registered nurse on duty at all times supervisor/director has CPR training director has health/medical background social worker on staff				
П	aides are CNAs/Certified Nursing Aides all aides have CPR training aides have been trained by the center number of participants per aide 1-4 per aide 5-10 per aide over 10 per aide full time staff activities director aides have strong network of volunteers				
	provides some preventive medical care flu shots other vaccinations podiatry care offered rehabilitation therapies conducted on site personal care service available that includes assistance with toileting eating moving about getting up, sitting down handling steps if required provides social isolation counseling offers caregiver counsel and support				
	ALS AND SNACKS ovides nourishing and tasty morning snack				

Makes special food according allergies/sensitivities?			ants with food
RECREATION Activities offered includ □ pet therapy □ e □ music therapy □ fi □ gardening □ re	xercise ield trips	games	
Will accommodate indi Hint: Ask for a copy of schedule for a past holic	current activ		
HOURS			
Weekday:	Opens	Closes	
Weekends:			
Saturday	Opens	Closes	
Sunday	Opens		
Has evening hours after	•	•	
If yes,	p.	m. to	<u>p.m</u> .
SPECIAL SERVICES ANI CHARGE	۱۱	NT NCLUDED N DAY FEE	EXTRA FEE
Transportation	II		1
Specialized vehicles		Ī	ō
Wheelchair ready			
Automated lift '			
Special diets			
Special on-site equipme (for example, oxygen	ent n)		٥
ABOUT THE COST Has Day Fee arrangement? □ yes □ no Amount charged per 8 hour day: \$			
Charges overtime for ho	ioui day. J		
	ours		
☐ weekdays aft☐ weekends aft	ours er	<u>p.m</u> .	

Charges full day rate for extra hours if they exceed standard full-day hours (late pick-up for example).
Charges extra fee for personal care/health services?
□ yes □ no
If yes, has extra fee for personal care:
Service Amount
Service Amount
Service Amount
for health services:
Service Amount
Service Amount
Service Amount
Has minimum hourly requirement per week (you pay for or must use a minimum number of hours per week) yes no Has minimum days requirement per week per month both Has financial aid/assistance available for participants yes no state funds federal funds scholarships Sliding scale options available yes no Helps participant find sources for payment yes no Day Care Center/Service will process claims for Medicare Medigap plans Medicaid VA benefits Private insurance
Bills for or files claims for: • weekly

VISITATION RATINGS

O/	VERALL OBSERVATIONS RATING
	Poor
	Above Average
	·
SP	ECIFIC STRENGTHS AND/OR WEAKNESSES OBSERVED
	Friendly, warm environment and staff
	Interested in my questions
	Knowledgeable director/supervisor
	Helpful staff
	Staff showed interest in current participants
	Too busy, noisy
	Staff tense, unfriendly
	Participants relaxed, appeared happy
	Staff relaxed; appeared to enjoy helping
	Allowed supervised independence
	Provided structured, organized environment

❖ AGING, DEPARTMENT FOR THE

◆ SEÉ VIRGINIA, STATE OF

❖ ALZHEIMER'S DISEASE

ALZHEIMER'S ASSOCIATION

National organization On the web: www.alz.org Virginia Chapters provide support for patients and their families, educate public and professional segments on Alzheimer's disease and related disorders and provide support for research.

ROANOKE REGIONAL OFFICE

2728 Colonial Ave., Suite 2 Roanoke, VA 24015

Phone: 1 (540) 345-7600, Fax: 1 (540) 345-7900

☎Toll Free 1-877-345-7500

CENTRAL AND WESTERN VIRGINIA CHAPTER

1807 Seminole Trail, Suite 204

Charlottesville, VA 22901

Phone: 1 (434) 973-6122, Fax: 1 (434) 973-4224

☎Toll Free 1-888-272-3900

LYNCHBURG REGIONAL OFFICE

P. O. Box 823

Lynchburg, VA 24505

Phone: 1 (434) 845-8540, Fax: 1 (434) 845-8378

GREATER RICHMOND CHAPTER

4600 Cox Rd., Suite 130 Glen Allen, VA 23060

Phone: 1 (804) 967-2580, Fax: 1 (804) 967-2588

☎Toll Free 1-800-598-4673

SOUTHEASTERN VA CHAPTER

Interstate Corporate Center Building 20, Suite 233 Norfolk, VA 23502

Phone: 1 (757) 459-2405

☎Toll Free: 1-800-755-1129

Williamsburg Branch Office Phone: 1 (757) 221-7272 Fax: 1 (757) 221-0109

Franklin Branch Office Phone: 1 (757) 569-1650 Fax: 1 (757) 359-0419

NATIONAL CAPITAL AREA CHAPTER

11240 Waples Mill Rd. Fairfax, VA 22030 Fax: 1 (703) 359-4441 **☎**Toll Free: 1-866-259-0042

HARRISONBURG REGIONAL CHAPTER

P.O. Box 310 Harrisonburg VA 22803-0310 **☎**Toll Free 1-888-432-9061

SOUTH HILL BRANCH OFFICE

P.O. Box 310 South Hill, VA 23970

Phone: 1 (434) 447-3963, Fax: 1 (434) 477-9024

◆ SEE LONG-TERM CARE INSURANCE

❖ AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)

On the web: www.aarp.org

The AARP offers membership benefits to people age 50 and older. Membership allows you to access a wide variety of programs and benefits: travel services and discounts and financial services, including health and life insurance products. Community service programs may include driver education, health and medical advocacy and counseling services, legal counseling and social outreach and support programs.

To write for membership information:

AARP MEMBERSHIP COMMUNICATIONS

601 E Street, NW Washington, DC 20049 Toll Free 1-888-687-2277

SEE COMMUNITY SERVICES STATE AND LOCAL AARP LISTINGS

❖ APARTMENT LIFESTYLE OPTIONS

Apartment living usually helps you manage better by

- removing yard and exterior house maintenance
- eliminating large unexpected replacement expenses
- providing routine maintenance and emergency repair of major appliances; heating/cooling systems
- providing new friendships and nearby neighbors and
- · reducing costs.

APARTMENTS GENERALLY AVAILABLE IN VIRGINIA

STANDARD APARTMENTS Generally available in most larger towns and metropolitan areas. You pay fixed amount each month; may include some or all utilities in monthly fee. May be only two apartments in a building (duplex) or multi-building groups of four+ units in each building. First floor apartments should be strong consideration.

ACCESSORY APARTMENTS Usually additions to existing house or area created within a house dedicated to a retired person as their primary living area. Accessory apartment should provide separate bath and meal preparation area. Usually offers more privacy than sharing a home.

ECHO HOUSING A dwelling that shares property boundaries with another dwelling and may share a water supply or in some other ways echo the primary dwelling. Places elder parents or ill or disabled relatives within proximity to the family, reduces maintenance load, provides a more secure environment and decreases the distance that caretakers must go when help is needed. You may hear echo housing also referred to as elder cottages.

SHARED HOUSING Some homeowners share a home to reduce costs, to provide companionship or to provide assistance in exchange for the use of a room.

FINANCIALLY ASSISTED APARTMENTS FOR THE ELDERLY AND/OR

DISABLED In Virginia, the Virginia Housing Development Authority (VHDA) oversees the Section 8 certificate and voucher programs for the federal government. VHDA's role includes paying the owner each month, verifying tenant eligibility and training apartment managers, owners and local public housing authorities. In some areas not covered by the local housing authorities, VHDA may also administer the program. Rental assistance programs are not available in all localities.

LEASES/RENTAL AGREEMENTS Rental agreements or leases are standard for most apartments. Read the agreement or lease carefully before you sign. If you are unclear about the terms of the agreement, ask a relative or friend to read it or obtain legal assistance through several public and private assistance sources.

▶ SEE LEGAL ASSISTANCE

FOR MORE INFORMATION

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

On the web: www.hud.gov

Housing Counseling for Homebuyers and Renters:

☎ Toll Free 1-800-569-4287

VIRGINIA HOUSING DEVELOPMENT AUTHORITY (VHDA)

On the web: www.vhda.com

For Section 8 Certificate and Voucher Programs:

Phone: 1 (804) 783-6731

FOR THE NAME OF A LICENSED REALTOR

or for a special housing management company call: VIRGINIA REAL ESTATE COMMISSION

Phone: 1 (804) 367-8526

***** ASSESSMENT OPTIONS

LOCAL AGING AND SOCIAL SERVICE AGENCIES

You are eligible for an assessment through your area's agency on aging if you are 60 or older. Preference is given to those with the greatest economic and social need. Agencies on aging and local departments of social services can also direct you to other assessment professionals in your area. In addition to their service to seniors, assessment services are available to those with diagnoses of

- mental illness
- mental retardation
- functional/central nervous system (CNS) disabilities
- other substantial limitations to normal activities and in some cases
- substance abuse.

PRIVATE ASSESSMENT AND PLACEMENT COMPANIES

Assessment and care management services are available from private providers. Fees may be established on an hourly basis or as a fixed fee. If you choose to work through a private care management company, ask for a credentials statement or proof of licensing before agreeing to use their services. You can verify any information you receive by calling the bureau responsible for health care professional licensing.

COMMUNITY AND TEACHING HOSPITALS

Comprehensive geriatric assessments by interdisciplinary health care teams are available through many community hospitals. Though the charges may be an uncovered expense to you, relying on interdisciplinary health care team planning can be a very direct and successful route to satisfactory long-term care. The team will usually include your physicians as well as nurses, a social worker, your dentist and physical or occupational therapists, if appropriate. Many interdisciplinary health care teams will want a psychiatric or psychological evaluation performed and may also believe that the

plan's success could be enhanced by planning assistance from a registered pharmacist and/or a nutritionist.

LONG-TERM CARE FACILITIES AND SERVICE PROVIDERS

Most licensed or certified long-term care facilities and service providers will assess your needs prior to providing services. However, should you choose to rely on such an assessment and should the assessment find that you do not require services that would be covered under most insurance providers plans, you could incur an uncovered charge for the assessment. Ask before the assessment what the service provider's practice is in these circumstances. For low income individuals, a public human services agency must complete an assessment prior to admission and eligibility criteria must be met.

▶ SEE VIRGINIA, STATE OF AGING, DEPARTMENT FOR THE AREA AGENCIES ON SOCIAL SERVICES, DEPARTMENT OF REHABILITATION, DEPARTMENT OF OTHER RESOURCES: YOUR LOCAL COMMUNITY OR TEACHING HOSPITAL SOCIAL SERVICES DEPARTMENT

HOSPITAL SOCIAL SERVICES DEPARTMENT SEE PHONE DIRECTORY YELLOW PAGES: HEALTH CARE MANAGEMENT

FOR MORE INFORMATION

AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

2519 Connecticut Avenue, NW Washington, DC 20008-1520 Phone: 1 (202) 783-2242, Fax: 1 (202) 783-2255 www.ahsa.org

***** ASSISTED LIVING FACILITIES

TO LOCATE:

► SEE VHI LONG-TERM CARE PROVIDER DIRECTORY

REQUIREMENTS OF ASSISTED LIVING FACILITIES

Summarized from the Virginia Administrative Code

A RESIDENT

- must be encouraged to exercise his/her rights and must be informed of rights as a resident and a citizen
- has the right to voice or file grievances, or both, with the facility and to make recommendations for changes in the policies and services
- shall be protected by the licensee or administrator, or both, from any form of coercion, discrimination, threats or reprisal for having voiced or filed a grievance
- has rights and responsibilities as provided in §63.1-182.1 of the Code of Virginia and this chapter

OPERATORS/ADMINISTRATORS OF ASSISTED LIVING FACILITIES MUST

- review rights and responsibilities with all residents annually
- make available in an easily accessible place a copy of the rights and responsibilities of residents and
- post the name, title, address and telephone number of the appropriate regional licensing supervisor of the Department of Social Services, the toll-free telephone number of the Virginia Long-Term Care Ombudsman Program and any local ombudsman program serving the area and the toll-free number of the Department for the Rights of Virginians with Disabilities and
- provide the toll free number for Adult Protective Services.

▶ ALSO SEE

LICENSING
LONG-TERM CARE INSURANCE
MEDICARE
MEDICAID
SOCIAL SECURITY AND SSI
VIRGINIA, CODE OF
ASSISTED LIVING FACILITIES: RIGHTS AND
RESPONSIBILITIES OF RESIDENTS §63.1-182.1
VIRGINIA, STATE OF
HEALTH, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF

ALSO: ADULT PROTECTIVE SERVICES

R-15

FOR MORE INFORMATION

VIRGINIA ADULT HOME ASSOCIATION (VAHA)

704 Airport Road Blacksburg, VA 24060 Phone: 1 (540) 998-8787 www.vaha.org

VIRGINIA ASSOCIATION OF NONPROFIT HOMES FOR THE AGING (VANHA)

On the web: www.vanha.org

4201 Dominion Boulevard, Suite 100

Glen Allen, VA 23060

Phone: 1 (804) 965-5500, Fax: 1 (804) 353-3098

VIRGINIA CENTER FOR ASSISTED LIVING (VCAL) AN ARM OF THE VIRGINIA HEALTH CARE ASSOCIATION (VHCA)

On the web: www.vhca.org

2112 West Laburnum Ave., Suite 206

Richmond, VA 23227

Phone: 1 (804) 353-3098, Fax: 1 (804) 353-9101

The following pages give you and/or your family and caregivers an opportunity to evaluate systematically the assisted living facilities you are considering. You may want to make copies of the checklist so that you will have a copy for each facility being considered and be able to compare what you have learned.

✓ ASSISTED LIVING FACILITY CHECKLIST	/	ASSISTED	LIVING	FACILITY	CHECKLIS ⁻
--------------------------------------	----------	----------	--------	----------	-----------------------

FAC	CILITY BEING CONSIDERED:	
LO	CATION:	
PHO	ONE:	
	HAS WAITING LIST	
	VACANCY/NOW AVAILABLE	■ NOT AVAILABLE UNTIL
		DATE:
API	PEAL FACTORS	
	Residents appear happy and v	vell cared for

	Overall atmosphere is clean and comfortable
	Home and living units are in good repair
	Grounds are attractive, well kept
	All grounds areas are accessible to residents
	Dining room is appealing, comfortable
	Meals appear to match menus
	Food is served attractively
	Staff is courteous, eager to help residents
	Common areas are well decorated
	Books, games, common area televisions
Ī	Computers, internet access available
ō	There is ample natural daylight and lighting
Ī	Free of unpleasant odors
	No insects, rodents; no insecticide odors
	Common areas air conditioned/central heat
	Private areas have temperature controls
	Worship areas provided; accessible
	Private unit areas open onto pleasant hall
	1
	,
	Reading lights are provided in bedrooms
CIO	othes closet and drawer space \square Acceptable \square Excellent
ΓΩ	OD DDEDARATION CHECKING
	OD PREPARATION CHECKLIST
	Kitchen area removes food preparation from dishwashing,
_	disposal functions
	Food put away, refrigerated appropriately
	Appears clean; free of garbage odors
DEI	OCONIAL CAFETY FACTORS
	RSONAL SAFETY FACTORS
0	
	Personal assistance services included in monthly fee/rental
	Special personal services available for confused or
_	dementia-affected residents
0	Rooms and halls well lit
	Furniture sturdy, not easily tipped over
	Walkways, halls free of floor hazards

	Handrails on all stairways, hall areas
	Exit doors clearly marked, unlocked
	Emergency exit plan posted for easy visibility
	Monthly or more frequent exit drills
	Sprinkler system throughout public areas
	Fire extinguishers in halls
	Room smoke alarms/sprinkler system
	Bathrooms have hand grips near toilet
Ī	At least one staff member certified for CPR is on duty
	24 hours a day
	Bathrooms have hand grips, railing in bath tubs and showers
	Bathtubs and showers have non-slip surfaces
Ш	datilituds and showers have non-ship surfaces
DEI	RSONAL CONSIDERATIONS
	Family thinks this facility a good choice
	Convenient to family's home, work
	Convenient to friend's home, work
	Convenient to physician's offices
	Convenient to specialist's offices
	Facility provides transportation for medical purposes
	Facility provides transportation for shopping needs
	Facility located in area of town I like
	Facility in area of town with good evening safety factors
	Visiting hours accommodate relatives
	Married couples may share room/apartment
	·
RE	CREATIONAL CONSIDERATIONS
	One interesting activity scheduled daily
	Group activities interesting, scheduled regularly
	Residents encouraged to participate in activities
	Excursions available for everyone
	Good to excellent volunteer support for recreational programs
	Worship programs available regularly
	Personal religious considerations respected
	respected

LICENSING AND APPROVALS Facility ☐ has current license from Department of Social Services, is licensed to accept non-ambulatory residents, is not licensed for non-ambulatory residents, ☐ is active member of state and/or national quality assurance ☐ assisted living facility association □ adult home association ☐ health care association CONTRACT AND BILLING CONSIDERATIONS Contract clearly defines services included in monthly fee ☐ Management provides assistance in obtaining financial aid ☐ Monthly fees/rentals are prorated in case of medically required discharge or at death ☐ Monthly statement shows all incurred expenses, special fees VISITATION RATINGS **OVERALL OBSERVATIONS RATING** □ Average **□** Poor Good ☐ Above Average ☐ Excellent SPECIFIC STRENGTHS AND/OR WEAKNESSES OBSERVED ☐ Friendly, warm environment and staff Interested in my questions ☐ Knowledgeable director/supervisor ☐ Helpful staff ☐ Staff showed interest in current residents ☐ Too busy, noisy ☐ Staff tense, unfriendly ☐ Participants relaxed, appeared happy ☐ Staff relaxed; appeared to enjoy helping

❖ BLIND

SEE DOGS, GUIDE AND SEEING EYE VIRGINIA, STATE OF VISUALLY HANDICAPPED, DEPARTMENT FOR THE

C

*** CAREGIVERS**

VIRGINIA CAREGIVERS GRANT FUND

Code of Virginia §63.1-333 Provides for payments of up to \$500 to eligible caregivers who apply with the Virginia Department of Social Services for a grant. Applications are accepted February 1 to May 1 of each year.

► SEE VIRGINIA, STATE OF SOCIAL SERVICES, DEPARTMENT OF

NATIONAL FAMILY CAREGIVERS ASSOCIATION (NFCA)

On the web: www.nfcacares.org 10400 Connecticut Ave., Suite 500 Kensington, Maryland 20895-3944

Phone: 1 (301) 942-6430 Toll Free: 1-800-896-3650

RICHMOND FRIENDS AND RELATIVES

1426 Claremont Ave. Richmond, VA 23227 Phone: 1 (804) 264-2730

*** COMMUNITY SERVICES**

AARP VA STATE OFFICE

707 E. Main Street, Suite 910 Richmond, VA 23219

Phone: (866) 542-816, FAX: 1 (804) 819-1923

SEE AARP • NATIONAL RESOURCES

❖ "CMS" SEE UNITED STATES GOVERNMENT

COMMUNITY SERVICES • REGIONAL REFERRAL CENTERS

Community-supported Regional Referral Centers provide referral services for long-term care services for seniors and the disabled.

HUMAN SERVICE INFORMATION PROJECT NORTHERN VIRGINIA PLANNING DISTRICT COMMISSION

7535 Little River Turnpike, Suite 100 Annandale, VA 22003 Phone: 1 (703) 642-4638

UNITED WAY OF CENTRAL VIRGINIA

1010 Miller Park Square Lynchburg,VA 24501 **☎**Toll Free: 1-800-230-6977

UNITED WAY/RICHMOND REGION

P.O. Box 12209 Richmond, VA 23241-0209 Phone: 1 (804) 275-2000

COMPLAINTS

If problems occur, it is up to us or our caretakers to sort out the facts, present them and resolve them. Because resolution of a complaint is

about the facts as they occurred, it is important for you to follow certain routine procedures. Most state agencies, private service providers and health and long-term care insurance companies have procedures — and people — specifically designated for handling disagreements or grievances. Many of these specially trained people are called ombudsmen.

The following checklist could help you with what information you will need and how to proceed with a provider's customer service representative or with an ombudsman.



INFORMATION TO OBTAIN AND KEEP

- Make and keep copies of all correspondence including bills and claim forms.
- ☐ Keep a record of conversations you have had with staff where you have a problem. Include the date, the name of the person with whom you spoke and the details of the conversation.
- Get copies of any medical information about yourself from a provider. Because it takes paper and time to provide documents, there may be a charge for obtaining the ones you need. If you are correct in a billing dispute, you can ask the provider to credit you with the costs when it is resolved.

WHEN YOU ASK FOR HELP

Make sure you give the reviewers all the information they will need to

1 4 10	ike sure you give the reviewers an the information they will need to
inv	restigate your complaint. Here's a checklist to help you organize the
inf	ormation that may be needed.
	Your name
	A phone number where you can be reached on week days during the day
	Your home mailing address with city, state and ZIP code
lf t	he matter is about someone for whom you act as caregiver, include
	The name of the person who was agrieved
	Any policy, billing, individual or group identification numbers

	The nature or description of the problem or complaint The date of the service or incident The person/institution with whom you have a problem		
HOW AND WHERE TO GET HELP			
٥	First, make your complaint known. Provide the facts in a logical manner. Remember, your problem may be the result of a human error. Let your provider know there is a problem quietly and calmly.		
٥	If your actions do not result in a satisfactory resolution and you believe your concerns are valid, ask for a second review of your complaint. If you're not clear on the resolution, ask a friend or family member to look at the facts with you. Sometimes this helps clarify meaning or intent.		

or to an attorney.

☐ If you are still dissatisfied, you can take your concerns to a

INSURANCE ISSUES ◆ STATE CORPORATION COMMISSION'S

STATE CORPORATION COMMISSION'S BUREAU OF INSURANCE OMBUDSMAN

HEALTH ISSUES

VIRGINIA DEPARTMENT OF HEALTH'S CENTER FOR QUALITY HEALTH CARE SERVICES AND CONSUMER PROTECTION

regulatory office, to an ombudsman trained in dispute settlement

ABUSE OR NEGLECT

▶ DEPARTMENT OF SOCIAL SERVICES

UNRESOLVED DISPUTES

▶ SEE LEGAL ASSISTANCE

CONSERVATOR

▶ SEE GUARDIANSHIP

CONTINUING CARE RETIREMENT COMMUNITIES (CCRCS)

TO LOCATE:

▶ VHI LONG-TERM CARE PROVIDER DIRECTORY

CCRC CONTRACTS

TYPE A: COMPREHENSIVE OR EXTENSIVE • ENTRANCE FEE

REQUIRED — A lifecare contract that provides living accommodations, meals, residential/personal care services and access to unlimited long-term nursing care at little-to-no additional cost for the remainder of a resident's life.

Primary Contract Benefits: Allows residents to ensure themselves of housing stability. Permits cost of personal and nursing care services to be spread out over time. Provides "built-in coverage" against catastrophic health care costs through shared-risk arrangement with CCRC.

TYPE B: MODIFIED • **ENTRANCE FEE REQUIRED** — A contract that provides living accommodations, meals, residential and personal care services and lifetime access to long-term nursing care, however limits the time that nursing care is covered under entrance fees and monthly charges (typically 60, 90 or 180 days). Resident is expected to pay for nursing care needed beyond pre-specified limits; nursing care services that exceed contract limits are paid by resident and/or resident's health insurance plan on a monthly or per-day basis. Primary Contract Benefits: Entrance and monthly fees are usually lower.

TYPE C: FEE-FOR-SERVICE • ENTRANCE FEE REQUIRED — This

contract provides living accommodations, access to residential, personal care and nursing services and typically emergency and short-term nursing care in the basic fees. However, under a TYPE C contract, a resident is responsible for all long-term nursing care costs as well as the costs for laundry, housekeeping, general health and wellness services, meals and personal transportation services. Primary Contract Benefits: Entrance and monthly fees substantially lower than TYPE A and TYPE B contracts.

TYPE D OR OPTION TO TYPE C: FEE-FOR-SERVICE • NO

ENTRANCE FEE — Provides living accommodations on a short-term basis, e.g., month-to-month. Service access and fee arrangement as stipulated in contract terms. Primary Contract Benefits: Flexibility in terms of time and service costs.

CCRC ENTRANCE AND MONTHLY FEES

CCRC ENTRANCE FEE RANGES — Based on most recently reported national figures, the average CCRC entrance fee can be expected to be in the \$63,000 to \$143,000. Keep in mind that some CCRC's entrance fees may be higher and you may find some to be some lower.

CCRC NO ENTRANCE FEE OPTION — Some CCRCs offer a **no entrance fee option** that requires instead a higher monthly fee. Read your contract carefully if this is the arrangement being offered. Be aware that this is not a true CCRC arrangement and may eliminate the security of lifecare or guaranteed long-term care services. In addition to an entrance fee, CCRCs require a monthly fee that can range from \$250 to \$1,900 for a single person. These fees under some contracts may include all personal care and health services or they may not include certain services. Your contract should stipulate which fees are covered in your monthly payment and which are not. In many CCRCs a second person's monthly fee (family member) will be less than the first fee. Ask about this provision if you are to share CCRC space and services with a spouse or primary family member.

FOR MORE INFORMATION

VIRGINIA ASSOCIATION OF NONPROFIT HOMES FOR THE AGING (VANHA)

On the web: www.vanha.org 4401 Dominion Boulevard, Suite 200 Glen Allen, Virginia 23060 Phone: 1 (804) 965-5500

SEE LONG-TERM CARE INSURANCE

MEDICAID
MEDICARE
STATE CORPORATION COMMISSION
VIRGINIA, CODE OF
CCRC ENTRANCE FEES DEFINED
CCRC FACILITIES AND SERVICES DEFINED
VIRGINIA, STATE OF
AGING, DEPARTMENT FOR THE
SOCIAL SERVICES, DEPARTMENT OF

***** COSTS: COVERING LONG-TERM CARE

The following list has been developed as a guide to funding options. It can be used as a retirement planning work sheet and as a checklist of funding sources you need to evaluate. You might find it's a good idea to make copies to write on and keep the printed version as your master copy should you need more.

✓ A FINANCIAL RESOURCES CHECKLIST

	PNTHLY INCOME SOURCES From Pension/Retirement Disability Income Social Security Wages (if any)	\$
INV	/ESTMENT SOURCES From	
<u> </u>	Savings	
\exists	Stocks	
	Bonds	
	Real Estate	
	Other Investments	
	Other investments	¢
		<u> </u>
HE	E INSURANCE SOURCES From	
	Whole Life Insurance Plan	
	Term Life Insurance Plan	
	Annuities	
\vdash	Accelerated Pay Outs Cash Values	
	Loan Values	
	Luan values	¢
		Ф

HE	ALTH INSURANCE SOURCES From	
	Personal Health Plan	
	Employer's Health Plan	
	Medigap Plan Medicare Part A	
Ï	Medicare Part B	
ī	Medicaid	
ī	Auxiliary Grant	
	Hazinary Grane	\$
		<u> </u>
SPE	CIAL INSURANCE SOURCES From	
	Specific Disease Insurance	
	Long-Term Care Insurance	
	Medical Savings Account	
	-	\$
PRI	VATE ASSISTANCE SOURCES From	
▯	CCRC Grant In Aid	<u> </u>
₫	Nonprofit Assisted Living Facility	<u> </u>
	Nonprofit, Private Adult Day Care	
	Church or Synagogue Assistance American Red Cross	
	American Red Cross	\$
		<u>\$</u>
FFF	DERAL, STATE OR COMMUNITY SOUR	CES
	Special Funds	CLS
$\overline{\Box}$	Community Services	
_	☐ Free	
	☐ Sliding Scale	
	United Way	
	Caregiver Grants	
	Special Assistance Funds	
	Last Recourse Funds	·
		\$

***** DEAF

➤ SEE VIRGINIA, STATE OF REHABILITATIVE SERVICES, DEPARTMENT OF

DOGS, GUIDE AND SEEING EYE

GUIDE DOG FOUNDATION FOR THE BLIND, INC.

Free dogs, training and placement paid for through private donations. *On the web: www.guidedog.org* 1-800-548-4337

GUIDING EYES FOR THE BLIND, INC.

Trains people with multiple handicaps. (914) 245-4024

SOUTHEASTERN GUIDE DOGS INC. - OUTREACH OFFICE

On the web: www.segdnc.org (704) 721-5000 N.C.

➤ SEE VIRGINIA, STATE OF VISUALLY HANDICAPPED, DEPARTMENT FOR THE REHABILITATIVE SERVICES, DEPARTMENT OF

E

❖ ENERGYSHARE

EnergyShare is a program underwritten by Dominion^{5M} Virginia Power and public contributions to assist Virginians who need financial aid with a ny home heating bill — oil, coal, wood, gas, kerosene or electricity.

FOR THE NAME OF THE ENERGYSHARE SCREENING AGENCY NEAREST YOU, CALL

☎Toll Free: 1-888-667-3000

F

❖ FAMILY SERVICES

SEE VIRGINIA, STATE OF SOCIAL SERVICES, DEPARTMENT OF DIVISION OF FAMILY SERVICES ADULT SERVICES PROGRAM

❖ GUARDIANSHIP, ADULT

Only a circuit court judge can rule on whether or not a person needs a guardian. The decision is based on information provided from various sources, family members and caregivers as well as professional evaluations. The court may appoint a family member, close friend, an attorney or a volunteer. In Virginia, if no other person is available, an officer of the court may be appointed as guardian. Persons who have a guardian are known as wards.

It may be difficult under some circumstances as a family member or primary caregiver to know when someone for whom you care may need to be protected by a guardianship. The following checklist was developed to help you measure the functions that would be considered by state social services and the courts. If you can answer yes to some of these critical statements about the person for whom you are concerned — especially the ones that concern his/hers or others personal safety — it may be appropriate for you to seek the advice of an attorney, ask for professional assistance from your local social services office and/or speak with your family's physician. You may wish to show him or her your completed CHECKLIST FOR GUARDIANSHIP to help demonstrate your concerns.

✓ CHECKLIST FOR GUARDIANSHIP

Person makes decisions that could harm him/her
 Person creates frequent safety hazards for self or others; for example, cooking, driving, taking medications
 Person refuses or is unwilling to accept assistance, support services or medical treatment that would be in his/her best interest
 Current assistance is insufficient to needs
 Person has not chosen someone to act in his/her behalf (that is, power of attorney, representative payee)
 Person's health and general well being are often in imminent danger